Chapter 2
Review of studies

In this chapter endeavor was made to describe those studies, which were pertinent adequate relevance to the present problem. Before going into details of study in hand, it will not be out of place to review the research work on the subject carried out in India and abroad. Though it will not be possible to study all, some of them, however, mentioned in this chapter.

Myers, Wass, and Murphey (1980) conducted a study on ethnic differences in death anxiety among the elderly. The Dickstein death concern scale was used to examine the death anxieties of a sample of elderly people in north and central Florida consisting of whites and blacks, males and females. Analysis of the data revealed that black elderly males display the greatest death anxiety, followed in decreasing order by black females, white females, and white males. Analysis of variance yielded a statistically significant main effect attributable to race. The overall effects attributed to sex were not significant, nor were there any significant interactions. The implications of these findings for practicing counselors were considered.

Cornman (1996) conducted a study on toward sustainable development; implications for population aging and the wellbeing of elderly women in developing countries. He observed attaining sustainable development has significant implications for population age structure, family structure and the wellbeing of elderly women. If one of the primary goals of sustainable development is reducing fertility to attain a population growth rate which can be supported by the Earth's resources, then working toward sustainable development will lead to an aging population. This demographic change coupled with other impacts of working toward sustainable development could significantly affect the status and wellbeing of elderly women. Drawing on examples primarily from the Asian setting, they examined population aging and what this demographic change may mean for elderly women in developing areas.

Houston, Mckee, Carroll and Marsh (1998) conducted a study on Using humor to promote psychological wellbeing in residential homes for older people. The impact of a structured humorous activity on the psychological wellbeing of older people in residential settings was assessed. Residents who participated in the humorous activity were found to have
significantly reduced levels of anxiety, as measured by the General Health Questionnaire, and significantly reduced levels of anxiety and depression, as measured by the Hospital Anxiety and Depression Scale, when compared to residents who received no intervention.

Fortner and Neimeyer (1999) observed death anxiety among institutionalised and non-institutionalised elderly widows and widowers. This literature review quantitatively summarized 49 published and unpublished research studies concerning the relationship between death anxiety and age, ego integrity, gender, institutionalization, physical and psychological problems, and religiosity in older adults. Results indicated that lower ego integrity, more physical problems, and more psychological problems are predictive of higher levels of death anxiety in elderly people. A suggestive but equivocal relationship was found for the predictor institutionalization. Furthermore, the review statistically demonstrated the importance of using sound methods for measuring death anxiety and sampling from the elderly population.

Thomas and Thomas (2000) conducted a study on quality of life of psychotherapists and other professionals. The study focuses on the differences in the quality of life of professionals belonging to various occupations. In line with WHOQOL, quality of life was measured in terms of six domains, viz., physical, psychological, level of independence, social relationship, environment, belief, and overall quality of life. There was also a total score of quality of life. The sample consisted of 30 psychotherapists, 32 doctors, 30 engineers, 30 teachers drawn from 3 districts in Kerala, viz., Thiruvananthapuram, Kottayam and Ernakulam. Differences in quality of life attributable to covariates such as age, income and personality have been controlled using an ANOVA design. The relationship of quality of life and other variables like sex, marital status, and life goals is also investigated in the study. The results showed that exist no significant differences among the professional groups in quality of life. Age was also found to be significantly related to a few of the domains. The relationship of other variables like sex, marital status, income, and spiritualism was not found to be significant.

Cotterill and Taylor (2001) studied promoting mental health wellbeing amongst housebound older people. In England health promotion has an important role to play in delivering the aims of the new health and social care modernisation programme. Two health promotion strategies evident in recent policy documents concern the provision of good quality information and encouraging greater social participation. Providing information about health issues is intended to empower people, promote independence and help them to become, and stay,
healthy. Encouraging social participation is intended to reduce social isolation and stress, build social capital, and promote mental health and wellbeing. This paper presents findings from a qualitative sociological study of an ageing well project for housebound older people relevant to these policy goals. The findings reveal what older people valued about participating in the project, and how it enhanced their sense of wellbeing. It is argued that, for this group of people, ‘feeling happy’ and maintaining a positive sense of wellbeing were transitory experiences involving a range of strategies to ‘manage’ information. The lessons for health promotion from this study suggest that providing health-related information may conflict with, rather than complement, efforts to promote mental health by compromising the ways in which people in difficult circumstances construct their sense of wellbeing and strive to feel happy.

Wu, Tang and Kwok (2002) conducted a study on death anxiety among Chinese elderly people in Hong Kong. This study aims to examine the cognitive and emotional reactions of Chinese elderly people toward death, to extend the use of a Western scale on death anxiety to a Chinese sample, and to explore the correlates of death anxiety. A community sample of 237 Chinese elderly people (62 men and 175 women) in Hong Kong between the ages of 60 and 91 years old was individually interviewed. Their results revealed that among this elderly cohort, a high level of death anxiety was associated with younger age, a high level of psychological distress, and the presence of recent stressors but was unrelated to number of physical disorders, gender, personal income, marital and employment status, and religious affiliations. Reactions of Chinese elderly people toward specific death-related issues were discussed with regard to Chinese cultural beliefs. Limitations and implications of the present study were also discussed.

Byrne (2002) conducted a study on what happens to anxiety disorders in later life? Anxiety disorders decline in prevalence with advancing age but remain more common than depressive disorders. They are often of late-onset and there is frequent co morbidity with depressive disorders and physical illness. While anxiety disorders in older people are likely to respond to the same non-pharmacological interventions that have been shown to work in younger people, there is currently little formal evidence of this. Although there is some evidence that the non benzodiazepine anxiolytic medication, buspirone, is effective against late life anxiety symptoms, clinical trials in older people with rigorously diagnosed anxiety disorders are needed.

Ardelt (2003) conducted a study on effects of religion and purpose in life on elders’ subjective well-being and attitudes toward death. Although religiosity tends to help older people
to cope with physical and social losses, not all studies find a significant association between religious involvement and well-being in old age. It might be that primarily the intrinsic rather than the extrinsic aspect of religiosity is responsible for the positive effect of religiosity on well-being. Using a sample of 103 community dwelling older adults (58+), multivariate regression analyses showed that purpose in life rather than extrinsic or intrinsic religious orientation was positively related to elders’ subjective well-being and negatively associated with fear of death and death avoidance. Moreover, extrinsic religious orientation had a positive effect on fear of death and death avoidance. Intrinsic religious orientation was positively related to approach acceptance of death. Frequency of shared spiritual activities and religious affiliation were unrelated to subjective well-being but positively related to death avoidance and fear of death, respectively. Those findings might explain why some studies that examine the effects of religion on well-being in old age produce contradictory or inconclusive results measuring change in older patients undergoing treatment for anxiety disorders.

Sobieszczyk, Knodel and Chayovan (2003) conducted a study on Gender and wellbeing among older people: evidence from Thailand Researchers and international organisations frequently suggest that older women are disadvantaged in comparison with older men. This analysis of census and survey data from Thailand, however, indicates a far more complex association between gender and various aspects of ageing. Through an examination of various demographic, economic, psychosocial and health variables, it is found that older Thai women do face certain disadvantages compared to their male counterparts, including lower education and literacy, far higher levels of widowhood and living alone, and a lower likelihood of receiving formal retirement benefits. Older Thai men, however, also face relative disadvantages, including worse survivorship, a lower likelihood of receiving money from adult children, a greater probability of debt and other financial problems, and lower satisfaction with their financial situation. Many other demographic, psychosocial and economic measures are not significantly associated with gender. Our analysis provides some support for a life course perspective that relates gender differences in old age to differences in earlier life experiences, roles and reward structures, particularly access to retirement pensions and the type of support older men and women provide for their co-resident children. Marital status often mediates gender differences in well-being among older people. The study concludes with research and policy recommendations.
Moraglia (2004) analyzed the view of some prominent psychologists that on death which were elaborated by several influential representatives of modern psychology from Gustav Fechner and William James to Carl Rohers and B.F. Skinner which shows that despite ample differences in theoretical orientation, it is possible to find in these views a measure of agreement concerning the psychological implications of the adult person’s awareness of death. This limited consensus around the claim that second half of life that the psychological encounter with death occurs in many guises that this confrontation is arduous for the acknowledgment of one’s mortality and associated with fears and anxieties and that in such an undertaking one can draw support from beliefs that promote the symbolical transcendence of individual finiteness.

Sharma (2004) conducted a study on a study of general well-being and life satisfaction of elderly living in two different environments ashram and home. The aim of the present investigation is to study the general well-being and life satisfaction of elderly living in ashram (spiritual environments) and home (family environment). A sample of hundred elderly people was taken for the present study. The results revealed that the elderly living at home have better feeling of general well-being and life satisfaction in comparison to the elderly living in ashram environment.

Rastogi (2005) studied on Triguna and psychological well being. Quest for knowing one’s own nature and temperament has been a major concern of human being since long. In the effort of developing the understanding, Western psychologists have offered numerous theoretical frameworks. He neither deny their theoretical salience, nor their applied usefulness. His concern related only with the question – do we have a philosophical-psychological theory which may serve the same purpose. ‘Vedas’ and ‘Upanishads’ offer us a path of human life through which virtues and joys of human life can be attained in true sense. Krishna’s ‘Samvadas’ given to Arjun in Geeta present a philosophy of life through which complex know of life can be dissolved. Vedic Psychology provides Triguna theory of personality based on Sattva (S), Rajas (R), and Tamas (T) guns which prove to be more useful in our native context even today in comparison to any other Western theory. But the fact is that because of the heavy impact of American Psychology all over the world and our own positive bias towards foreign things from material to thoughts– we have forgotten what is ours and still retain Western ideas which greater appeal. It is high time that we retrospect ourselves and explore dynamics and reasoning for our behavior in
our philosophy—psychology. With this idea in mind I decided to speak on Triguna theory of personality. The paper has been divided into three sections.

Wilhelmson, Andersson, Waern and Allebeck (2005) conducted a study on elderly people’s perspectives on quality of life. Quality of life has become increasingly important as an outcome in medical research. The influence of health status is often emphasized, but other dimensions are important. In order to improve quality of life, there is a need to know what people themselves consider important to their perception of quality of life. The aim of this study was to investigate what older people consider to be important for their quality of life, and to explore the impact of gender, education and health status on individual perceptions. The study was of 141 randomly selected people aged from 67 to 99 years that formed a control sample for a study of suicide among older people. They were interviewed in person about their health, socio demographic background and, using an open-ended question, what they considered to constitute quality of life. Their answers were grouped into eight categories, with social relations being the most frequent response, followed by health, activities, functional ability, wellbeing, personal beliefs and attitudes, their own home and personal finances. In addition, they were asked to choose from a ‘show card’ three items that they regarded as important to quality of life. Functional ability was the most frequently selected domain, followed by physical health, social relations and being able to continue to live in one’s present home. They concluded that social relations, functional ability and activities influence the quality of life of elderly people as much as health status.

Steverink, Lindenberg and Slaets (2005) conducted a study to find out how to understand and improve older people’s self-management of wellbeing. The study addresses the question of how older people can be supported to actively self-manage their own process of ageing such that overall wellbeing is achieved and maintained for as long as possible. Starting from a resource-based approach, a new theory of self management of wellbeing (SMW theory) is proposed, and it is shown how it can be used as a basis for the design of self-management interventions for ageing successfully. The main aspects of the theory, i.e. six key self-management abilities and the core dimensions of wellbeing, are presented as well as the theory-based ‘blueprint’ for the design of interventions. Empirical results of two intervention studies were briefly presented and show that the SMW theory may be a useful tool for the design and evaluation of interventions for successful ageing.
Barker, Cahalin, Gerst and Burr (2005) conducted a study on productive activities and subjective well-being among older adults: they examined relationships among three measures of subjective well-being (life satisfaction, happiness and depressive symptoms), and two global measures of productive activity (number of activities and time commitment). They argue that participation in multiple productive activities should increase subjective well-being because these behaviors increase social integration and provide meaningful social roles. Using the first two waves of the Americans’ Changing Lives survey, we estimate a series of OLS and ordered logistic regression models to examine this issue among a sample of respondents 60 years old and older. The multivariate regression results show that as time committed to productive activities increases, life satisfaction increases. Both increasing numbers of productive activities and increasing time commitment predict higher levels of happiness. Also, they found only modest support for a relationship between productive activities and the number of and changes in depressive symptoms. Their results provided support for the idea that engaging in productive activities is beneficial to older persons’ well-being, implying confirmation of the role enhancement hypothesis and demonstrating the importance of social integration.

Mette (2005) studied well-being and dependency among the European elderly the role of social integration. The study aimed at highlighting the importance of social integration for the wellbeing of dependent elderly persons living at home. This question is pertinent because, as it can be observed, social activities are not a priority for social policies regarding the dependent elderly in Europe. Here it is shown that social activities and contacts improve their wellbeing. Therefore, as depression is one of the factors leading to dependency, an emphasis on measures that encourage more social integration of the dependent elderly should stimulate a decrease in their rates of depression, and consequently, allow a reduction in their demand for care. The data used in this study stem from the European Community Household Panel. The major results of this analysis were: health perception is strongly and positively correlated with satisfaction with one’s main activity. The importance of the correlation decreases somewhat, however, when social integration variables are included in the model. Except for ‘owning a telephone’, these latter variables have equally significant effects on satisfaction with the main activity. Dependent elderly persons who are members of a club, those who often meet their friends and relatives and those who often talk with their neighbors’ declare a higher satisfaction level than the rest. Satisfaction is largely correlated with the country of residence. Dependent elderly persons from
southern countries and from Ireland are less satisfied with their main activity than those from northern or Central Europe. In terms of housing, having a comfortable dwelling leads to higher satisfaction while living in a household consisting of several persons leads to less satisfaction. The standard of living is also linked with satisfaction: both household and personal income have a positive effect. Lastly, dependency-related social benefits have no effect on satisfaction with the main activity.

As older adults approach the end of life, they frequently experience death anxiety and a decline in subjective well-being that are not always alleviated by increased religious participation. One possible explanation is the differential influences of intrinsic and extrinsic religiosity. Keeping in view of this fact Ardelt and Koening (2006) examined the effects of religious orientation and spiritual activities on subjective well-being and death attitudes among 103 relatively healthy older adults and 19 hospice patients (aged 61 and older). The results of path analyses showed that a sense of purpose in life rather than religiosity had a direct positive effect on subjective well-being and a direct negative effect on death fear after controlling for physical health and demographic characteristics. Intrinsic religiosity had an indirect positive effect on subjective well-being and a strong direct positive effect on approach acceptance of death. Extrinsic religiosity, however, was positively related to death anxiety and, for hospice patients, negatively related to approach acceptance of death.

Al-Elaiawy and Mohammed (2006) conducted a study on assessment of psychological problems for institutionalized and non-institutionalized geriatric people in Baghdad city. To assess for psychological problems, the study was carried out from 1st of December 2004 to 15th March, 2005. A descriptive comparative study was conducted for elder in the geriatric home and the community; A questionnaire was constructed to achieve the purposes of the study; it includes two parts dealing with the elder demographic characteristics and psychological problems. A purposive (no probability) sampling of (100) elderly include (50) elderly from the Geriatric Home and (50) elderly from the community. Data were collected and analyzed through a descriptive statistical approach (frequency, percentage, mean and mean of scores, Standard deviation, Relative Sufficiency). study revealed that most of institutionalized geriatric people suffer from psychological problems (Cognitive disorders( Sever Amnesia (RS(73.33%)), Mental confusion (RS(71.33%));Anxiety (RS(88%)); Depression (Sever sadness (RS(84.67%)); Anger(RS(94.67%)) ; and Low self esteem (Feeling of in confidence about future (RS(75.33%))
more than those who live in noninstitutionalized. The study recommended that families who were caring for elderly person should receive financial support from government and establishing geriatric centers for dealing with special medical and psychological problems.

Gudrun Schneider, Georg Driesch, Andreas Kruse, Hans-Georg Nehen and Gereon Heuft (2006) conducted a study to find out old and ill and still feeling well?. Determinants of subjective well-being in >60 Year Olds: The Role of the sense of coherence. The researchers investigated the determinants of subjective well-being in a sample of elderly by applying a autogenetic model of subjective well being in which sense of coherence (SOC) plays a central role. The hypothesis was that subjective evaluation and SOC as a personality resource explain more variance of subjective well-being than the objective changes resulting from the aging process. A sample of 60-year-old patients of an internal hospital, previously examined between 1994 and 1997, were once more contacted between 2000 and 2002. Fifty-six patients were investigated by means of psychometric scales and biographic interviews. Compared with the sample of the first investigation, a positive selection effect could be found for the sample of the present investigation with regard to age- and health-related variables, however, not with regard to subjective well-being. A path model formulated in advance was tested. Despite an increase in physical disability, subjective well-being remained constant for both points in time. The path model supported the hypothesis that subjective well-being at the second measurement point was hardly influenced by “objective” conditions of aging and functional impairment but was significantly influenced by the individual’s subjective evaluation of the present situation as well as the sense of coherence. Results support a autogenetic model of subjective well-being in our sample; these findings should, however, be replicated in other samples.

Ku, McKenna, and Fox (2007) studied dimensions of subjective well-being and effects of physical activity in Chinese older adults. Subjective well-being (SWB) and its relationship with physical activity have not been systematically investigated in older Chinese people. So They explored these issues using qualitative interviews with a purposive sample of 23 community dwelling Chinese older adults (age 55–78 y, 12 women); 16 were physically active and 7 physically inactive. Using cross-case analyses, 7 dimensions of SWB emerged: physical, psychological, developmental, material, spiritual, sociopolitical, and social. Although elements of SWB may be shared across cultures, specific distinctions were identified. Active respondents reported the unique contributions of physical activity to the physical, psychological,
developmental, and social elements of SWB. The findings suggest that physical activity could enhance the quality of life in Chinese older adults.

Ghufran (2008) examined impact of widowhood on depression and death anxiety among senior citizens. A total of 120 subjects with age ranging from 60 to 75 years were selected on incidental basis from Varanasi city. Efforts were made to control education and socioeconomic status. They were administered Beck Depression Inventory and Thakur death anxiety. No significant difference between the widows and widowers in depression was obtained. A significant difference between the mean death anxiety scores of the subject with spouse dead and the subjects with spouse alive was obtained. Subjects having their spouses dead scored higher on death anxiety scale than subjects who have their spouses alive. However, widows were found to be significantly higher on death anxiety scale than widowers.

Karamat and Ahmad (2008) conducted a study on problems of the aged in relation to perceived happiness. Happiness has been defined in various ways. In the context of psychology, “happiness” has been cited as a psychological state which is an overriding goal of human behavior. Happiness is part of a special category of mental experiences that includes such positive things as joy, pleasure, satisfaction etc. Being a subjective experience, it is natural that the individual’s personal evaluation of whether this state exists or not is the most logical and meaningful measure of happiness. Thus, perceived happiness is an appropriate parameter of an individual’s happiness status. Undoubtedly, an individual who feels that he/she is satisfied and happy is manifesting a positive and desired mental state reflective of mental health.

Cid, Ferrés and Rossi (2008) investigate the relationship between income, family composition, health and religion over subjective well-being in the Southern Cone (Argentina, Chile and Uruguay). Specifically, they analyzed data from the SABE survey a study conducted among people who are 60 years old or over, in various Latin American countries. Main obtained results show a positive correlation between higher levels of income and health, being married and the frequent religion practice and higher levels of subjective well-being. On the contrary, malnutrition has a negative impact on happiness indicators. In order to add robustness to their results and to deal with endogeneity issues, this paper uses different indicators of well-being, alternative estimation models such as a semi parametric one and a propensity score approach for the treatment of marriage.
Urien, and Kilbourne (2008) conducted a study on the role of materialism in the relationship between death anxiety and quality of life. The role of death anxiety as a factor in consumption behavior has received considerable attention recently. While death anxiety and materialism have been examined together, as have materialism and quality of life, the relationship between the three concepts simultaneously has not been tested. The purpose of this paper was to examine the three constructs in a single structural equation model to determine their direct and indirect relationships. It was shown that death anxiety did affect materialistic values which then influenced quality of life perceptions. There was no direct effect for death anxiety and quality of life.

Ghufran and Ansari (2008) studied impact of widowhood on religiosity and death anxiety among senior citizens. A total of 120 subjects with age range from 60 to 75 years were selected on incidental basis from Varanasi city. Efforts were made to control education and socio-economic status. They were administered Bhushan’s religiosity scale and Thakur death anxiety scale. In order to find out the significance of difference between the various comparisons groups, t- test was used. The results revealed significantly greater religiosity for subjects with their spouses dead than for subjects with their spouses alive. No significant difference between the widows and widowers in their religiosity was obtained. A significant difference between the mean death anxiety scores of the subjects with spouses dead and the subjects with spouses alive was obtained. Subjects having their spouses dead scored higher on death anxiety scale than subjects who have their spouses alive. However, widows were found to be significantly more on death anxiety scale than widowers.

Cherchye, Rock and Vermeulen (2008) conducted a study on economic well-being and poverty among the elderly: An Analysis Based on a Collective Consumption Model. They apply the collective consumption model of Browning, Chiappori and Lewbel (2006) to analyse economic well-being and poverty among the elderly. The model focuses on Individual preferences, a consumption technology that captures the economies of scale of living in a couple, and a sharing rule that governs the intra-household allocation of resources. The model is applied to a time series of Dutch consumption expenditure surveys. Their empirical results indicated substantial economies of scale and a wife’s share that is increasing in total expenditures. They further calculated poverty rates by means of the collective consumption model. Collective poverty rates of widows and widowers turn out to be slightly lower than traditional ones based
on a standard equivalence scale. Poverty among women (men) in elderly couples, however, seems to be heavily underestimated (overestimated) by the traditional approach.

Singh and Dinesh (2009) conducted a study on health cognitions and subjective well-being in middle-aged and older adults. Health cognition stand for one’s beliefs, perceptions, attribution meaning about health perceived status and complaints. Subjective well-being involves the study of what lay people might call happiness and satisfaction. In the study, psychological variables related to health have been studied in 132 rural participants above 55 years of age (Male 64 female 68). In order to compare the age effect on health beliefs, perception of health status, subjective well-being (happiness, life satisfaction, optimism), occurrence of somatic complaints and psychological distress symptoms the sample was divided into middle aged group comprised of 72 participants while there were 60 participants in older. The difference between sexes has also been tested for various variables separately and in interaction with age.

An analysis of an evolving concept this article identifies defining attributes, antecedents, and consequences of the concept of death anxiety using Rodgers (2000) evolutionary method of concept analysis. The literature on death anxiety was systematically reviewed lefto and stein (2009) for the years 1980–2007. Articles were summarized and coded. Inductive data analyses resulted in defining attributes (emotion, cognitive, experiential, developmental, socio-cultural shaping, and source of motivation), antecedents (stressful environments and the experience of unpredictable circumstances, diagnosis of a life-threatening illness or the experience of a life-threatening event, and experiences with death and dying) and consequences (adaptive and maladaptive presentations). Results are important because little systematic inquiry of death anxiety exists in nursing literature.

Pandey and Asthana (2010) conducted a study on well being among androgynous working women. Androgynous are the person which are both highly masculine and highly feminine. It’s better to androgynous in today’s society as men and women need to be adoptable and willing to share all types of jobs. Without saying that one job is women’s work or another job is just for man. In the changing society where women are performing all kind of job, it will be quite relevant to see that how the combination of masculine and feminine traits influence their subjective well being, so the present study was designed to examine and compare of well-being among androgynous and non-androgynous working women. The sample consisted of 300 working women from Varanasi city. Subjective well-being scale developed by Srivastava and
Singh (2003) was used for the purpose of data collection. To analysis the data t-test was used. Results reveal that androgynous working women have better well-being than non-androgynous (feminine, masculine & undifferentiated) working women.

Sposito, Diogo, Cintra, Neri, Guaiiento, and Sousa (2010) studied relationship between subjective well-being and the functionality of elderly outpatients. The aim of the study was to investigate the relationship between subjective well-being, functional independence and lower-limb performance (muscle strength, gait velocity and balance) among elderly people undergoing outpatient follow-up, stratified by sex and age groups. They evaluated 125 elderly people, aged 60 years and over, who received care at a geriatric outpatient clinic. The instruments used were: 1) Functional Independence Measure (FIM) to evaluate functional dependence; 2) Short Physical Performance Battery (SPPB) to measure physical performance; and 3) Subjective Well-Being (SWB) with questions about health and satisfaction with life. A convenience sample was used, with predominance of females (who had greater functional impairment). The Spearman correlation coefficients for subjective well-being and the performance tests varied from -0.16 to 0.31 for men and -0.09 to 0.29 for women, therefore there were no differences between the sexes. However, the older participants had a higher level of satisfaction than the younger participants. Perceived health was also more satisfactory among the older participants; however comparative perceived health was better among the elderly participants with moderate to good physical performance. The results suggested that older individuals have greater satisfaction with life and better perceived health. Moreover, good physical performance was an important variable for better perceived health when compared to other people.

Doumit and Nasser (2010) conducted a study on quality of life and wellbeing of the elderly in Lebanese nursing homes. The purpose of their study was to assess quality of life in relation to wellbeing among Lebanese nursing home elderly residents. The study attempted to understand the impact of structures, processes and skills on elderly health status. For this purpose 220 normally functioning elderly respondents from 33 nursing homes were studied. A quasi-experimental approach measured psychological and health-related factors using the Geriatric Depression Scale, Activity of Daily Living, EuroQol EQ-5D and the Mini-Nutritional Assessment (MNA) instruments. A relatively high level of mild depression among elderly residents and a lack of mobility were found. Generally, normally functioning elderly residents were well nourished and had moderate daily activity levels. They claimed that the study is
original in the sense that it assesses elderly residents’ psychological and physical health status in relation to institutional structures, processes, and skills.

Azaiza, Ron, Shoham and Gigini (2010) conducted a study on Death and dying anxiety among elderly Arab muslims in Israel. Death and dying anxiety were examined among elderly Arab Muslims in Israel. A total of 145 people aged 60 and over were interviewed using a standardized questionnaire. Nursing home residents reported higher death anxiety than others; women and uneducated participants reported greater levels of fear of death and dying than others. There were no differences based on religiosity. Death anxiety was related to gender and education for elderly living in the community, but social support and self-esteem were additional correlates for those living in nursing homes. Results of the study indicated that fostering a sense that one has a supportive social and familial network is important in decreasing death and dying anxiety among elderly Arab people. It would also be beneficial to provide information and knowledge that might relieve some of the anxiety they experience.

Lindsey (2010) conducted a study on death anxiety in elderly communities (retirement-nursing homes). The investigator conducted interview with staff and residents of and participant observations made at the retirement-nursing home to assess the levels of death anxiety felt by members of the latter group. With consideration of subjects’ emotions regarding their surroundings, the investigator concluded that (a) elderly individuals living in the facility experienced greater death anxiety than those residing in personal residences and that (b) there existed within the confines of the retirement-nursing home opportunities for staff members to make environmental improvements so as to limit individual experiences with death anxiety.

Geurtsen (2010) conducted a study on a multidimensional approach of death anxiety: physical health, gender and psycho-social correlates in a community sample and a clinical sample of Dutch elderly people. To clarify the concept of death anxiety, three factors of the multidimensional model of fear of personal death were explored in Dutch elderly people (n=110). 69 women and 41 men from 60 to 96 years old (mean age 80.7, SD 7.5) were interviewed. The sample was computed out of two smaller samples of either a community (n=49, mean age 78.94, SD 9.53) or a hospital (n= 61, mean age 82.3, SD 4.9). Several potential correlates, including physical health, gender, social support, purpose in life and self-esteem were analysed in separate hierarchical regression analyses for both the clinical sample and the total sample. Results revealed that aforementioned correlates did not predict Fear of the Unknown for
Dutch participants. Physical health and purpose in life emerged as predictors of Fear for the Dying Process. Moreover, social support and self-esteem contributed to Fear for Significant Others. Women show higher levels of this final component of death anxiety than men. Findings are reviewed in the light of existing literature. Also, the practical relevance of these findings for an aging population is discussed.

Shukla and Pathak (2011) conducted a study on coping with loneliness in institutionalized elderly. The purpose of the study was to explore the coping strategies in elderly males and females staying in Old Age Homes. This study was conducted on 40 subjects purposively selected from two old homes of Lucknow city. The investigation was conducted with the help ‘Coping with Loneliness Scale’ by Rokach and Brock (1989). Findings suggested that elderly females cope in a better way with loneliness than do elderly males. Thus, there is a significant difference in coping with loneliness with respect to social support, Distancing and Denial, increased activity and religion and faith between elderly males and females staying in old age homes.

Bockerman, Johansson and Saarni (2011) conducted a study on Institutionalisation and subjective wellbeing for old-age individuals: The purpose of their study was to examines whether there are systematic differences in the quality of life, depending on whether an individual is institutionalised or not, holding health status and income level constant. In doing this they used a nationally representative data set, the health in Finland. When controlling for health and functional status, demographics and income level, they found that individuals who are living in old-age homes actually report significantly higher levels of subjective wellbeing than those who are living at home. We argue that this finding emerges from queuing for care homes. This implies that there are individuals living at home who are so frail that they should really be living in an old-age institution, but because of the queues for that particular mode of living, they are living at home with a decreased quality of life as a consequence.

Golding (2011) explored the wellbeing implications of older men’s community involvement. It is based on data from recent, mixed method, Australian research that investigated learning and wellbeing for older men (age over 50) in diverse sites for six community organisation types. It investigated men’s wellbeing outcomes as a consequence of participation in community organisations. The data illustrate the important health and wellbeing benefits, particularly to many older men, of regular, practical, hands-on activity and involvement. The
study included a critical examination of the opportunities for enhancing health and wellbeing filtered through the World Health Organisation’s (WHO, 2003) social determinants of health. The research illustrated how diverse community organisations have the capacity to address men’s health and wellbeing, particularly if they acknowledge the importance of both the role of men’s cultural norms and values and the value of men’s agency through grassroots organisations such as community men’s sheds.

Apidechkul (2011) conducted a study assess the quality of life, mental and physical health among people aged ≥ 60 years living in rural and suburban areas of northern Thailand. A cluster random sampling technique was used. The instruments used to assess quality of life were the Thai General Health Questionnaire (Thai-28), the WHO Quality of Life Assessment in Thai (WHOQOL-BREF-THAI), and a history and physical examination. The validity and reliability of the 2 written instruments (Thai-28 and WHOQOL-BREF-THAI) were detected and the Cronbach’s alpha coefficient was 0.84 for the WHOQOL-BREF-THAI, and 0.94 for the Thai GHQ-28. The face-to face interviews were conducted by trained interviewers. A chi-square test was used to determine significant differences at a=0.05. Two hundred forty-seven subjects were recruited into the study, of which 225 were used for analysis. Forty-eight point five percent and 51.5% of subjects were from rural and semi-urban areas, respectively. Forty-five point three percent were males; the main age group was 70-79 years old (46.5%). The subjects from suburban areas had a higher quality of life in aspect to physical health \((p = 0.011)\), mental health \((p = 0.025)\), and social relationships \((p = 0.012)\). Social relationships among females from difference areas were significantly different \((p=0.01)\). Subjects from rural areas had better mental health than those from suburban \((p = 0.0001)\). Living in a suburban area had both positive and negative associations with quality of life that need to be further clarified to develop an elderly health care model for the community.

The last century has witnessed a rapid increase in the population of the elderly people in the developed and industrialized countries. This phenomenon is not restricted to the western world only, but many countries such as ours are now feeling the impact of this transaction. This situation could be attributed to a combination of factors such as increase in age, longevity and decreased death rates due to advancement in the field of medicine, improvement of life expectancy at birth, and enhancement in the average span of life. India ranks 4th in terms of absolute size of elderly population . The country is not adequately equipped to look after their
special health needs and the changing traditional value system. A feeling is now growing among the aged persons that the attitude of the younger generation towards them is not as desired. In this context a study was conducted by Dubey and Bhasin (2011) to understand the feeling of the elderly residing in the old age homes and within the family setup in Jammu. The sample of elderly women was selected using the “Purposive sampling” technique to select 30 elderly women from the old age home as well as a similar number from the family setups. The data was collected using a specially designed Interview schedule and observation technique through a house- to-house survey for those residing in the families. Non-working status of these women and above 60 years of age was criteria for sample selection. Results of the study revealed that most of the elderly felt the attitude of the younger generation is unsatisfactory towards them especially those who were in old age homes in terms of getting respect, love and affection from the family members instead they were considered as burden for others. Women living in the families had a positive attitude towards old age. The social relationship of the elderly women living in families and those living in old age home also differed. Noticeably; there was a fall in the overall efficiency, sociability, degree of involvement in work and hobbies. On the other hand, better social relations were maintained by the family dwellers because they had regular interaction, expressions of feelings and support from the family.

Kamble, Ghodke, Dhumale, Goyal and Avchat (2011) conducted a study on Mental Health status of elderly persons in rural area of India. Increase in life expectancy results in an increasing numbers of elderly persons which contributes to 7% of India’s population. With emerging changes in our social and cultural values, the elderly who are economically unproductive are sadly neglected. It is recognized that the elderly are prone to psychic disorders through vicissitudes such as social isolation, malnutrition, economic and emotional depression and so on. Hence the study was conducted to assessing the mental health status of the elderly persons in rural area. A cross sectional study was conducted in 6 Primary Health Centers (PHCs) in India among elderly persons who were 60 years and above . 20% of all elderly persons from all the villages in one selected PHC were included by systematic random sampling method. (total 494).All these peoples were examined clinically & necessary information was collected from them. Their mental health status was assessed with the help of General Health Questionnaire 12 (GHQ 12). Results revealed that 41.3 % elderly persons were having poor mental health status. Female sex, illiteracy, low socioeconomic status, widowhood, lack of hobby, physical
dependence & lack of family care & affection are the factors associated with poor mental health status of elderly persons.

Cramm, Hartgerink, Vreede, Steyerberg, Mackenbach and Nieboer (2012) conducted a study to find out the relationship between older adults’ self-management abilities, well-being and depression. The study was conducted among older adults (65 years of age) who were vulnerable to loss of function after hospital discharge. Three months after hospital admission, 296/456 patients (65% response rate) were interviewed in their homes. The 30-item Self-Management Ability Scale was used to measure six self-management abilities: taking initiative, investing in resources for long-term benefits, taking care of a variety of resources, taking care of resource multi-functionality, being self-efficacious and having a positive frame of mind. Well-being was measured with the Social Production Function (SPF) Instrument for the level of well-being (SPF-IL) and Cantril’s ladder. The Geriatric Depression Scale was used to assess depression. Correlation analyses showed that all self-management abilities were strong indicators for well-being ($p<0.001$ for all). Regression analyses revealed that investing in resources for long-term benefits, taking care of a variety of resources, taking care of resource multi-functionality and being self-efficacious were associated with well-being. While no significant relationship was found between well-being and having a positive frame of mind or taking initiative, regression analyses revealed that these self-management abilities were related to depression. Investing in resources for long term benefits and taking care of a variety of resources were significantly related to depression. Their results showed that self-management abilities are related to well-being and depression among older adults. In addition, the study identified key self-management abilities for older adults who had recently been discharged from a hospital.

Rasquinha and Acharya (2012) studied death anxiety among institutionalised and non-institutionalised elderly widows and widowers. Death is very near in old age, hence a logical belief would be that death anxiety is more among the aged in comparison to the youngsters. However, studies contradict this notion. The age of 60 or 65 years in most developed countries is said to be the beginning of old age. So they designed their study to find differences in death anxiety among institutionalised and non institutionalised elderly widows and widowers. The sample consisted of 60 institutionalised and 60 non institutionalised elderly who were further divided into 30 widows and 30 widowers from both the sectors. Death Anxiety scale developed by Templer consisting of 15 items was administered to the sample. The data collected was
statistically analyzed using two-way ANOVA. Results indicated that there was no difference in death anxiety among institutionalized and non-institutionalised elderly. No significant difference in death anxiety was found among elderly widows and widowers the drop (increase) in material well-being following the husband’s death is substantial for women in high (low) expenditure couples. For men, the picture is reversed.

Patil and Itagi (2013) conducted a study on subjective well-being status among institutionalized and non-institutionalized senior citizens. The study was carried out on 140 respondents belonging to 60 years and above age group living in old age homes (n=65) and with family (n=75) and the sample was randomly selected from Hubli-Dharwad city, Karnataka with an objective to compare the level of subjective well-being among institutionalized and non-institutionalized senior citizens and to know the factors influencing subjective well-being among both senior citizens. Results of the study revealed that institutionalized senior citizens had more of well-being and non-institutionalized had more of overall subjective well-being and ill-being status. Among institutionalized, education (along with gender and age) and age (socio-economic status, financial support and family type) significantly influenced the well-being and ill-being respectively. Education (along with age, socio-economic status and financial support) and gender (along with age, socio-economic status and financial support) significantly influenced the ill-being status of non-institutionalized senior citizens. It was interesting to note that none of the variables significantly influenced the well-being status.

Suvera (2013) conducted a study to investigate the impact of institutionalization, sex and age of the aged on death anxiety. The sample for the study comprised of 180 Institutionalized and 180 Non-institutionalized aged from Ahmadabad city. Institutionalized aged were selected from various old-age homes in Ahmadabad. Personal data sheet and Templer’s (1970), Death anxiety scale were used to collect the required data. 2x2x3 factorial design was planned where institutionalization, sex and age were considered as independent variables and death anxiety as dependent variables. Accordingly, 2x2x3 ANOVA was carried out to test the hypothesis. Results revealed that the death anxiety of institutionalized was higher than the non-institutionalized aged. death anxiety of female was higher than the male aged. Death anxiety of medium and high age was higher than the low age of aged.

Gull & Dawood (2013) conducted a study on religiosity and subjective well-being among institutionalized elderly in Pakistan. The study was conducted in 2012 which examined the
relationship between religiosity and subjective well being amongst institutionalized elderly people. Data was collected from 100 adults above the age of 60 years in Lahore, Pakistan, through purposive sampling strategy. Religiosity was measured through Religiosity Index, while Trait Well Being Inventory was used to assess subjective well being. Pearson product moment correlation coefficient and regression analysis were used for the analysis of the data, which revealed that religiosity has a significant positive relationship with life satisfaction. However, no association was found between religiosity and mood level. Moreover, regression analysis indicated that religiosity positively predicted life satisfaction among elderly.

Singh & Singh (2013) conducted a study to compare the psychosocial problems facing the old age people and to determine its relationship with the selected demographic variables of the elderly living in institutional and home settings in Kathmandu, Nepal. The co-relational comparative study was carried out in 2013 among 132 elderly aged 60 years and above residing in old age homes and home settings in Kathmandu by using pre-tested structured interview schedule. Data were analysed by using SPSS software version 19. The psychosocial problems were greater in institutionalized elderly and there was significant difference between psychosocial problems of the elderly living in institutional and home settings. The psychosocial problems had dependency on type of family, interpersonal relations, and gender in institutionalized elderly and with educational status, marital status, monthly income, interpersonal relations, and gender in home living elderly. The institutionalized elderly are facing more psychosocial problems. The study shows the need of encouragement towards joint family norms. Older adults should be trained for active ageing. Old people should be involved in the family activities and useful works instead of keeping them away.

Devi & Roopa (2013) conducted a study on quality of life elderly men and women in institutional and non-institutional setting in urban Bangalore district. The study was conducted on a purposive random sample of 800 elderly in the age ranging from 65-76 years of which 200 men and 200 women in institutional and 200 men 200 women living in non-institutional settings. WHO-QoL (100) 1996 field version was used to measure the QoL. The questionnaire was administered, data was collected and tabulated. The data obtained was subjected to statistical analysis using mean, c2 test and Z test. The results revealed that elderly living in institutional setting showed high level of QoL than non-institutional setting. The result also revealed that there is a significant difference between the institutional and noninstitutional elderly men and
women in the area of physical, psychological, level of independence, social relationship and environment domains of QoL.

Sridevi & Swathi (2014) reviewed the studies conducted on death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders. After the review they concluded that number of elderly people is growing very fast in both developed and developing Countries. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elders. Death anxiety is a complicated factor that is experienced with variable severity during one’s life, and is also influenced by a variety of factors such as environmental events, age, and sex. Death anxiety is an attitude that an individual holds towards death. It is defined as a negative and apprehensive feeling that one has when thinking about death and dying and is used interchangeably with fear of death. Several studies have shown that when death awareness and its associated anxiety are increased, individuals respond by defending and/or intensifying their cultural beliefs. Depression is a serious condition for people of all ages, but for older people depression is often associated with other co-morbid conditions, such as physical disability, dementia and anxiety that exacerbate the distress experienced by older people and their carers and studies also revealed that geriatric depression is prevalent in rural south India. Studies reveals that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones and non-institutionalized elderly had a higher life satisfaction than institutionalized and there is also gender difference.